

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/019048**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	<b>2</b>						<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	<b>10</b>						<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	<b>12</b>						<b>TOTAL CLAIMS</b>						